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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

DWAYNE SINGLETON
Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

NEW YORK CITY DISTRICT
ATTORNEY ALVIN BRACE, NEW YORK
CITY, NEW YORK CITY DEPARTMENT OF
CORRECTIONS, NEW YORK CITY POLICE
DEPT MIDTOWN
NORTH
PRECINCT

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

DWAYNE S SINGLETON
First Name Middle Initial Last Name

NONE

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-2200-786
Prisoner ID # (If you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

V.C.B.C. (The Boat)
Current Place of Detention

1 HALLECK ST.
Institutional Address

BRONX, NY 10474
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☐ Other: _____

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IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 2:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 54th Street and 12th Avenue (NYC)

Date(s) of occurrence: MARCH 20, 2022

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On March 20, 2022, I was walking to a store on 52nd Street and 10th Avenue (in Manhattan), minding my own business, when three people began laughing at me and making fun of me. A few words were thrown in the air by both parties. Then, one of those three people again threw a cup of beer at me and I tried to block it, but couldn't stop it. Then, these three people tried to attack me and I ran. When they caught up with me, they then all began beating me up then held me down as they told the cops to arrest me. The cops then beat me up as well. All of this happened on the way from 52nd St and 10th Avenue to 54th St and 12th Avenue. Then, I was falsely arrested and thrown in jail at the Midtown North Precinct, on West 52nd Street and 8th Avenue, and

Falsely Charged with Attempted Assault
in the 1st Degree with a weapon.

Then, I was hospitalized twice, and taken
to two different hospitals, where

I was treated for my injuries (for
mental anguish and physical assault too).

I was so mentally anguished and depressed
that I was feeling suicidal about being
attacked and beaten by so many people.

INJURIES:

I had to ~~been~~ placed in a 95 (Mod 9)
Rikers Island for more than
4.5 months.

If you were injured as a result of these actions, describe your injuries and what medical treatment,
if any, you required and received.

Broken Hand, Broken nose,
facial injuries including lip laceration
and more. I had to
receive Motrin 800 mg, Tylenols,
casts for my hand, Physical therapy.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$100 million in Compensatory
damages.

FALSE ARREST, WRONGFUL IMPRISONMENT,
MALICIOUS PROSECUTION, PROSECUTORIAL
MISCONDUCT, DETEMATION OF CHARACTER,
LIBEL & SLANDER, POLICE BRUTALITY,
CRUEL & UNUSUAL PUNISHMENT,

⑧ DENIAL OF MEDICAL
TREATMENT,
EXTREME PAIN AND SUFFERING, MENTAL ANGUISH

Continued

taking "Psychotropic medication" every day. I also had to remain in many cells and buses for hours at a time awaiting to be housed and transferred to different places. Medical treatment throughout my entire incarceration has been terrible, and I've often been denied treatment many times.

On Approximately June, 2022, my grandmother died and the Department of Corrections denied me the right to attend her funeral. I was immensely distraught and extremely sad because of this total disrespect.

On July 31, 2022, I was transferred from Rikers Island to the boat (VCBC) in the Bronx. On August 3, I was

physically assaulted for no reason in my housing area, 3B (B) by inmate David Russell and several other inmates as they broke my nose, broke my hand and gave me other injuries as well. I was immediately rushed to medical in VCBC and to Urgicare in West Facility on Rikers Island.

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I've been hospitalized
many times in West Facility
and Bellevue Hospital, and even
continue to still be in physical
therapy. Recently, the

District Attorney of Manhattan
(Mr. Alvin Bragg) lied on me
and denied me the right to
be released to a program called

Cases which accepted me.
However, due to the fact that
the D.A. maliciously produced
false charges on me, I was
denied my freedom.

- Dwayne Singleton

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated 1/14/23 Plaintiff's Signature Dwayne Singleton
 First Name Dwayne Middle Initial S Last Name Singleton
 Prison Address V.C.B.C. 1 Halleck St.
 County, City Bronx State NY Zip Code 10474

Date on which I am delivering this complaint to prison authorities for mailing: 1/16/23



Wayne Singleton #349.2200.786

VIBE ("The Boat")

1 Halleck St.

Bronx, NY 10474

House:

Pro se

EN

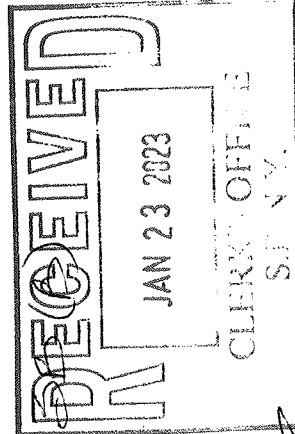
U.S. District Court

Attn: Clerk

Southern District of NY

500 Pearl St

NY, NY 10007



YOUNG

1000781316 0038